


INSPECTION-INVESTIGATION COVERSHEET

1. AREA OFFICE CHI		2. OPERATION Insp. _____ Inv. <u>XX</u>		3. DATE 8/8/80		4. REPORT NO. 800805Chi5041	
5. ESTABLISHMENT NAME Whamo Mfg.						6. FIRM IDENTIFICATION NO.	
7. ESTABLISHMENT ADDRESS 835 E. El Monte St. San Gabriel, CA 91788				8. RELATED FIRMS			
9. PRODUCTS INSPECTED Fun Fountain				10. OTHER REGULATED PRODUCTS			
11. ESTAB. TYPE		12. ANN. SALES	a. PRODUCTS INSPECTED \$ _____ Units _____		b. OTHER REG. PRODS. \$ _____ Units _____		c. TOTAL (Inc. non-reg.) \$ _____
13. I.S. BUSINESS Rec. _____ % Sold _____ %			14. SAMPLES COLLECTED		15. PROJECT		16. HOURS
17. REASON FOR INSPECT./INVEST.-DOC. REF.							
18. EMPLOYEE'S NAME			19. TITLE			20. SIGNATURE	
21. ENDORSEMENT <p>Original follow-up was assigned to determine if the unit involved in the accident had been retrofitted. Visual examination of the Fun Fountain revealed that it had been fitted the blue plastic flow reducer as per the Corrective Action Plan.</p> <p>Investigation shows that a five year old received an eye injury causing redness of the eye ball and the immediate eye area when struck in the eye by the stream of water from the unit.</p> <p>F/U: CHI recommends that CEPD and LOS-RO may want to re-assess the effectiveness of the corrective action.</p>							
22. ENDORSER'S NAME Eric B. Ault for CHI Hazard Assessment Comm.			23. TITLE S.I.			24. SIGNATURE 	
25. ENDORSEMENT DATE 9/8/80			26. DISTRIBUTION CHI, HIEI, CEPD & <u>LOS</u>				

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H IND 1		INDEX		<h1 style="margin: 0;">EPIDEMIOLOGIC IN-DEPTH INVESTIGATION REPORT</h1>	
1 CASE NO. 5041 800805CHI6919		3			
2 DATE OF ACCIDENT MO DAY YR 07 7 28 8 0		4			
PRODUCT CODES		5		6 SPECIAL STUDY	
				7 CODER ID	
8 NEISS REFERENCE		BATCH DATE			
HOSPITAL ID		MO DAY YR		RECORD NO.	
NA					
9 DATE INVESTIGATION INITIATED MO DAY YR 0 8 0 8 8 0		10 CONTRACTOR/AREA OFFICE CODE 8 1 5		11 CASE SOURCE (POLICE, FIRE, RADIO, NEWSPAPER, NEISS, ETC.) Complaint	
INVESTIGATOR'S ID 8 4 37 3		REVIEWED BY: ID/DATE		MO DAY YR	
12 TIME SPENT ON INVESTIGATION (total hours) 0 6		13 ON SITE VISIT MADE IF "NO" EXPLAIN IN NARRATIVE YES-1 NO-2 1		14 PRODUCT PHYSICALLY EXAMINED IF "NO" EXPLAIN IN NARRATIVE YES-1 NO-2 1	
				15 SUPPLEMENTAL GUIDE USED YES-1 NO-2 2	
LOCATION OF ACCIDENT					
16 STATE IL		17 COUNTY Lake		18 CITY Gurnee	
19 GENERAL LOCATION (Home, school, etc.) Home		20 SPECIFIC LOCATION (Gym, kitchen, attic, etc.) Front Yard			
DEMOGRAPHIC DATA					
21 RACE (Use numerical code) WHITE -1 BLACK -2 SPANISH SURNAME AMER. -3 ASIAN AMERICAN -4 AMERICAN INDIAN -5 OTHER -6 1		22 SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2		23 AGE IF TWO (2) YEARS OR OLDER INDICATE AGE IN YEARS PRECEDED BY THE NUMBER "0" IF UNDER TWO (2) YEARS INDICATE AGE IN MONTHS PRECEDED BY THE NUMBER "2" 0 0 5	
24 HEIGHT IN INCHES 4 6		25 WEIGHT (lbs) 0 4 8		26 HANDEDNESS (Use numerical code) RIGHT -1 BOTH -3 LEFT -2 UNKNOWN -4 1	
27 EDUCATION IN YEARS 1		28 MARITAL STATUS single		29 OCCUPATION student	
				30 RESPONDENT (S) (MOTHER, FRIEND, ETC.) Mother	
INJURY DATA					
31 TIME OF ACCIDENT (24 hour clock) 1 3 3 0		32 DAY OF WEEK OF INJURY/ACC (Use numerical code) (Sun-1, Mon-2, Tue-3, Wed-4, Thu-5, Fri-6, Sat-7) 2		33 FIRST AID GIVEN (Use numerical code) YES-1 NO-2 UNKNOWN-3 N/A-9 1	
34 TIME FIRST SEEN IN EMERGENCY ROOM (24 hour clock) N A		35 DATE FIRST SEEN IN EMERGENCY RM MO DAY YR N A		36 EST. NO. DAYS INCAPACITATED 0 0 0	
37 PATIENT DISPOSITION (Use numerical code) TREATED AND RELEASED -1 TREATED AND ADMITTED -2 TREATED AND TRANSFERRED -3 EXPIRED IN EMER ROOM -4 EXPIRED AFTER FIRST DAY -5 DEAD ON ARRIVAL -6 OTHER OR UNKNOWN -7 N/A -9 7		38 LENGTH OF STAY IN HOSPITAL (specify in days) ZERO			

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H END 2		CASE NO 8006 3241 116219	
39 INJURY DIAGNOSIS hematoma		40 BODY PART Right eye	
41 INJURY DIAGNOSIS none		42 BODY PART	
43 INJURY DIAGNOSIS		44 BODY PART	
45 INJURY DIAGNOSIS		46 BODY PART	
47 INJURY DIAGNOSIS		48 BODY PART	
PRODUCT DATA (BE AS SPECIFIC AS POSSIBLE)			
TYPE(S) OF PRODUCT			
49 FIRST water opr. toy		50 SECOND none	
51 THIRD none		52 FOURTH none	
53 NUMBER OF PRODUCTS OF THIS CATEGORY IN HOUSEHOLD 0 1		54 FREQUENCY OF USE 2x/week	
		55 AVERAGE TIME PER USE .75 hr.	
FIRST PRODUCT		MANUFACTURER IDENTIFICATION	
56 TRADE/BRAND NAME MANUFACTURER & ADDRESS San Gabriel, CA 91778 "Fun Fountain" Whamo Mfg., 835 F. El Monte St.			
57 MOD. NO. none		58 SER. NO. none	
FOR ITEMS 59 THRU 66 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4			
59 CERTIFICATION ON PRODUCT (AGA, U/L, ETC.) 2	60 ANY SAFETY DEVICE(S) PRESENT ON PRODUCT 1	61 APPLICABLE SAFETY DEVICE IN USE 1	62 WARNING OR CAUTION STATEMENT PRESENT ON PRODUCT 1
63 WARNING OR CAUTION STATEMENT FOLLOWED 1	64 AGE OF PRODUCT MONTHS PRECEDED BY "2"; YEARS PRECEDED BY "0" 2 0 1	65 PRODUCT STATUS OWNED - 1 BORROWED - 3 RENTED - 2 OTHER - 4 1	66 PRODUCT MODIFIED IN ANY WAY, INCLUDING ADDITION OF SAFETY DEVICE(S) 1
SECOND PRODUCT		MANUFACTURER IDENTIFICATION	
67 TRADE/BRAND NAME MANUFACTURER & ADDRESS None			
68 MOD. NO.		69 SER. NO.	
FOR ITEMS 70 THRU 77 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4			
70 CERTIFICATION ON PRODUCT (AGA, U/L, ETC.)	71 ANY SAFETY DEVICE(S) PRESENT ON PRODUCT	72 APPLICABLE SAFETY DEVICE IN USE	73 WARNING OR CAUTION STATEMENT PRESENT ON PRODUCT
74 WARNING OR CAUTION STATEMENT FOLLOWED	75 AGE OF PRODUCT MONTHS PRECEDED BY "2"; YEARS PRECEDED BY "0"	76 PRODUCT STATUS OWNED-1 BORROWED-3 RENTED-2 OTHER-4	77 PRODUCT MODIFIED IN ANY WAY, INCLUDING ADDITION OF SAFETY DEVICE(S)

H IND 3

CASE N

80...05CHI9949

THIRD PRODUCT

MANUFACTURER IDENTIFICATION

78 TRADE/BRAND NAME
MANUFACTURER & ADDRESS
None79 MOD. NO. 80 SER. NO.

FOR ITEMS 81 THRU 88 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4

81 CERTIFICATION
ON PRODUCT
(AGA, U/L, ETC.) ☐82 ANY SAFETY DEVICE(S)
PRESENT ON PRODUCT ☐83 APPLICABLE
SAFETY DEVICE
IN USE ☐84 WARNING OR CAUTION
STATEMENT PRESENT
ON PRODUCT ☐85 WARNING
OR CAUTION
STATEMENT
FOLLOWED ☐86 AGE OF PRODUCT
MONTHS PRECEDED
BY "2"; YEARS
PRECEDED BY "0" 87 PRODUCT STATUS
OWNED-1 BORROWED-3
RENTED-2 OTHER-4 ☐88 PRODUCT MODIFIED IN
ANY WAY, INCLUDING
ADDITION OF SAFETY
DEVICE(S) ☐

FOURTH PRODUCT

MANUFACTURER IDENTIFICATION

89 TRADE/BRAND NAME
MANUFACTURER & ADDRESS
None90 MOD. NO. 91 SER. NO.

FOR ITEMS 92 THRU 99 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4

92 CERTIFICATION
ON PRODUCT
(AGA, U/L, ETC.) ☐93 ANY SAFETY DEVICE(S)
PRESENT ON PRODUCT ☐94 APPLICABLE
SAFETY DEVICE
IN USE ☐95 WARNING OR CAUTION
STATEMENT PRESENT
ON PRODUCT ☐96 WARNING
OR CAUTION
STATEMENT
FOLLOWED ☐97 AGE OF PRODUCT
MONTHS PRECEDED
BY "2"; YEARS
PRECEDED BY "0" 98 PRODUCT STATUS
OWNED-1 BORROWED-3
RENTED-2 OTHER-4 ☐99 PRODUCT MODIFIED IN
ANY WAY, INCLUDING
ADDITION OF SAFETY
DEVICE(S) ☐

NARRATIVE

Use the following "outline" in reconstructing the accident sequence and in describing the condition associated with the accident or injury. Include in your narrative as many factors as possible relating to the victim's activities, accident, injury and product(s). Use Supplemental Investigation guide if appropriate. Be sure to enclose photos and diagrams as per instructions to enhance your report.

SYNOPSIS: What product was involved; how the accident occurred; where the accident occurred; who was injured; description of the injury.

PRE-ACCIDENT: Activities of victim prior to accident; unusually tired or fatigued; physical condition (consider: acutely ill, chronically ill, handicapped or disabled, under influence of drugs or alcohol); upset for any reason; awareness that this activity might be dangerous; any safety precautions taken to prevent such an accident; familiarity with proper operation of product; level of experience with product; performed this specific activity before; immediate environment and related factors (atmospheric conditions; obstacles; wet; uneven; rough or slippery surface).

ACCIDENT: Exact activity of victim at time of injury; any distractions or unusual circumstances; in a hurry; relative position of product and part of body injured; type of energy transfer that caused injury (mechanical, electrical, thermal, radiation, chemical); source of energy involved (product, victim, outside source); safety measures/devices being followed or used.

POST-ACCIDENT: Actions of victim, or bystanders, injury treatment; severity of injury; any permanent impairment (nerve damage, stiff joints, loss of sight, etc.); action taken to prevent recurrence; principal dimensions of product involved; physical condition of product after accident.

PRODUCT IDENTIFICATION: Who manufactured the product; where; of what material was the product constructed; any caution instructions, age recommendations; describe any controls on product, such as on/off mechanism; describe any safety device(s) on or included with product, describe general condition of product, broken parts, sharp edges, small removable parts; has the product been repaired, where, when, how; were any parts removed or replaced; was the product assembled when purchased; was the product purchased or rented; where, when; if the product is electrical was it plugged in at the time of accident, was it grounded and/or double insulated; describe the length of cord and its condition; etc.

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NEISS 800805CHI5041

SYNOPSIS:

On 7-28-80 at approximately 1330 hours a five year old female suffered a contusion to her right eye which resulted in breaking of blood vessels and hemorrhaging when she was struck in that eye by a stream of water from a Whamo brand Fun Fountain toy. The child was playing with the toy in her front yard.

PRE-ACCIDENT:

The victim's mother stated that the day was unusual in no way. The victim's mother stated the victim arose about nine o'clock and had a normal light breakfast. The victim's mother stated that the victim played that morning as is usual, with other children outside the home. The victim's mother stated that the victim had a normal lunch. The victim's mother stated that at about 1300 hours she connected the hose to the Fun Fountain toy and the victim and four other playmates were playing with the toy at that time.

The victim's mother stated that the victim had not recently been ill, and was in perfect physical health. The victim's mother stated that the victim took no regularly prescribed or OTC drugs. The victim's mother stated that other than the normal excitement of play, the victim was in no special emotional condition.

The victim's mother stated that the product had been purchased on the Fourth of July week-end (July 5-6). The victim's mother stated that the child played with the toy approximately twice a week, and had played with it approximately six times prior to the accident.

The victim's mother stated that she was not aware that the product had been subject of an earlier recall, although she did state that she had some reservations about the design of the product due to the force with which the water came out of the top of the toy. The victim's mother pointed out that the toy had been a impulse purchase by her husband, and that once the child had seen the toy, she did not feel like refusing the toy to the child. The victim's mother said that the victim had been hit in the face with the water stream once before, but in the nose area resulting in no injury.

The victim's mother stated that the day of the accident was clear and warm. There do not appear to be any specific environmental factors that had direct relationship to this accident. The victim was playing with the toy in the front yard of this single family residence, in a grassy area. The victim's mother

213 *[Handwritten signature]*

stated that at approximately 1:30 she was standing at the door watching the children play.

ACCIDENT:

The victim's mother stated that the victim and the other children were playing with the toy by knocking the hat off of the supporting stream of water and replacing it. The victim's mother stated that the victim had picked up the hat and was running toward the toy to replace the hat on the stream of water. The victim's mother stated that the victim misjudged the distance while approaching the stream of water, and that the stream of water hit the victim in the face area, specifically at the left outer portion of the right eye.

POST-ACCIDENT:

The victim's mother stated that the victim immediately came inside, and that the victim's mother placed the victim on the sofa. The victim's mother visually observed the injured area, noting only redness in the white of the eye at the outside portion, and redness and swelling in the area of the eye. The victim's mother stated that an ice pack was applied at the eye for approximately 10 minutes. The victim's mother stated that there was no permanent injury, and no other medical attention was given to the injury.

The victim's mother stated that she will not allow the child to play with the toy any more. The victim's mother contacted Whamo Manufacturing by telephone subsequent to the accident. The victim's mother received a letter dated 8-5-80 postmarked 8-5-80 from Mr. Kenneth A. Millard who identified himself as Vice-president/General Counsel of Whamo Manufacturing Company, 835 E. El Monte St., San Gabriel, CA 91778. The victim's mother pointed out that in her telephone conversation to Whamo she had stated that the product did not have the plastic reduction device which is used at the hose inlet of this toy to reduce pressure. The victim's mother stated she did not understand that this blue color plastic part would be found at the hose inlet, but had been looking for the retrofit device in the exit area for water at the top of the "clown head". Inspection of the unit finds that the unit did have the blue colored plastic retrofit part installed. In addition, Mr. Millard's letter was accompanied by two of the retrofit kits.

2/4

PRODUCT IDENTIFICATION/INFORMATION:

The product involved is a Whamo Manufacturing "Fun Fountain Toy". This product is a toy which is connected up to a garden hose, consisting of a "clown head", and a detachable "clown hat". When water pressure is applied to the product, the clown hat rises on a column of water. Inspection of the toy found no obvious visible defects. Inspection of the toy finds that the toy had been retrofit prior to sale with a blue-colored plastic reducer in the hose inlet area of the toy. The victim's mother stated that the toy was purchased on or about 7-4-80 at a Tru-Value Hardware Store in Gurnee, IL. Note that this product does have a cautionary statement close to the water outlet at the top of the toy. See photos attached.

Close visual inspection of the product involved did not find any manufacturing codes or date marks. This toy does bear Whamo name and address embossed on the plastic (see photograph).

EXHIBITS

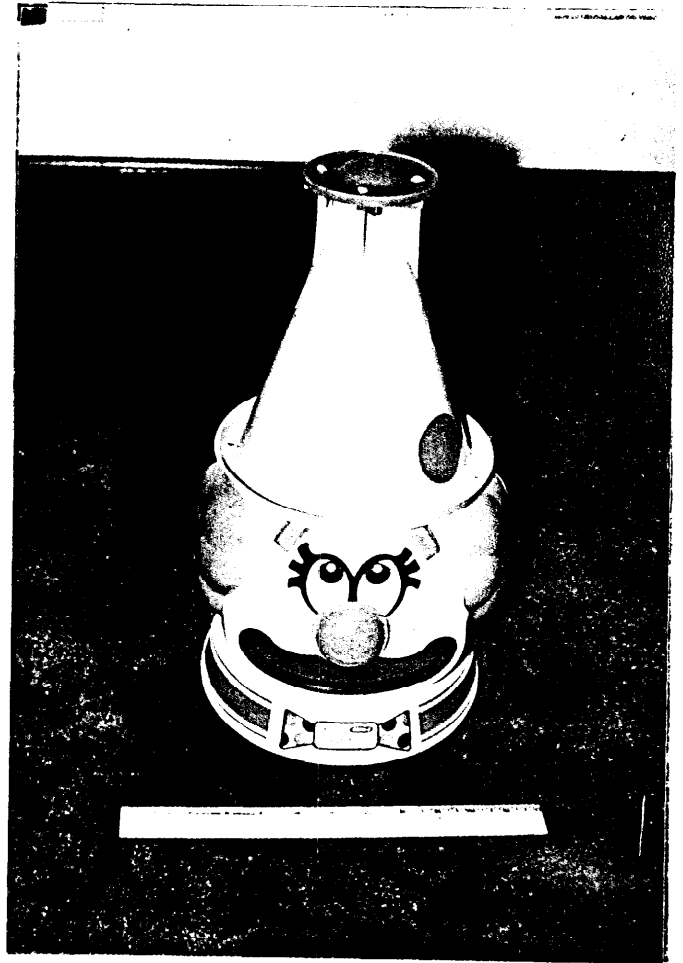
Photos to be attached when received.

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CPSC EXHIBIT 1 DATE 8-13-80
FIRM 800 805 CH15041

NAME DJ



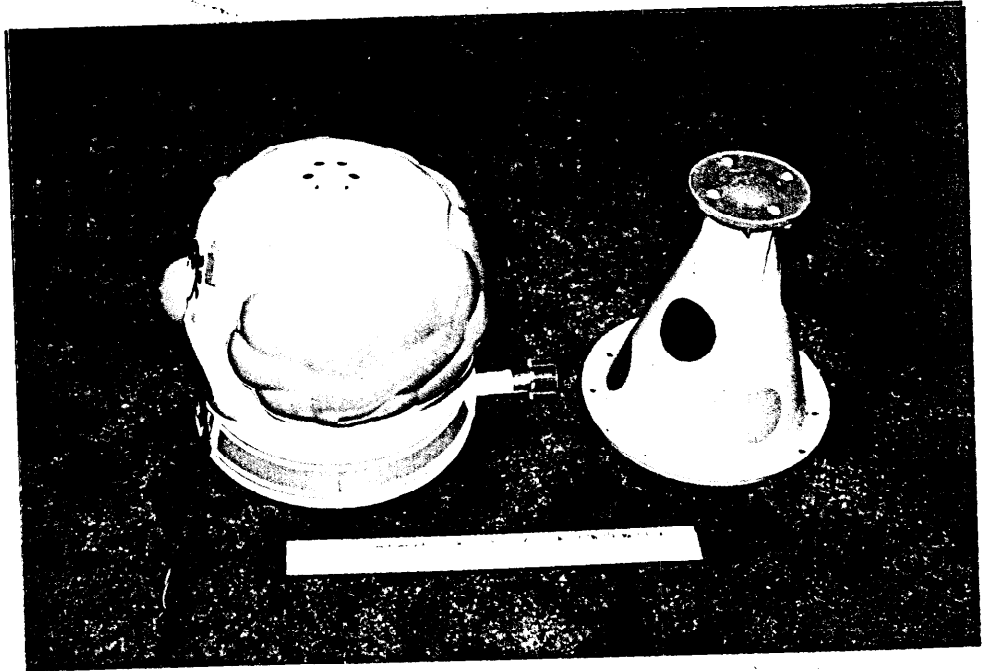
FRONT & REAR VIEW

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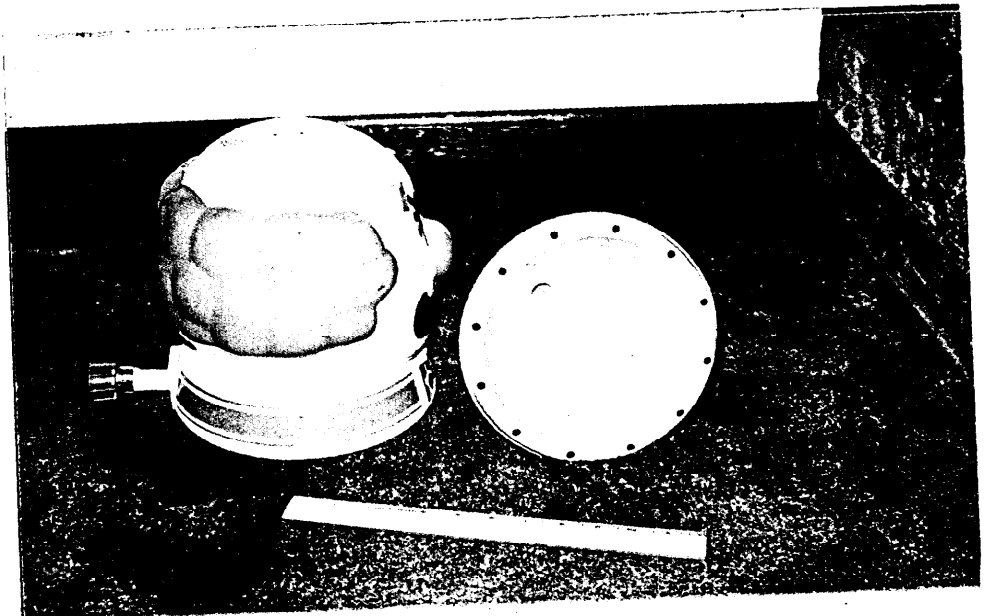
CPSC EXHIBIT 2 DATE 8-13-80
FIRM 800805 CH/5091

NAME DT



SIDE VIEWS

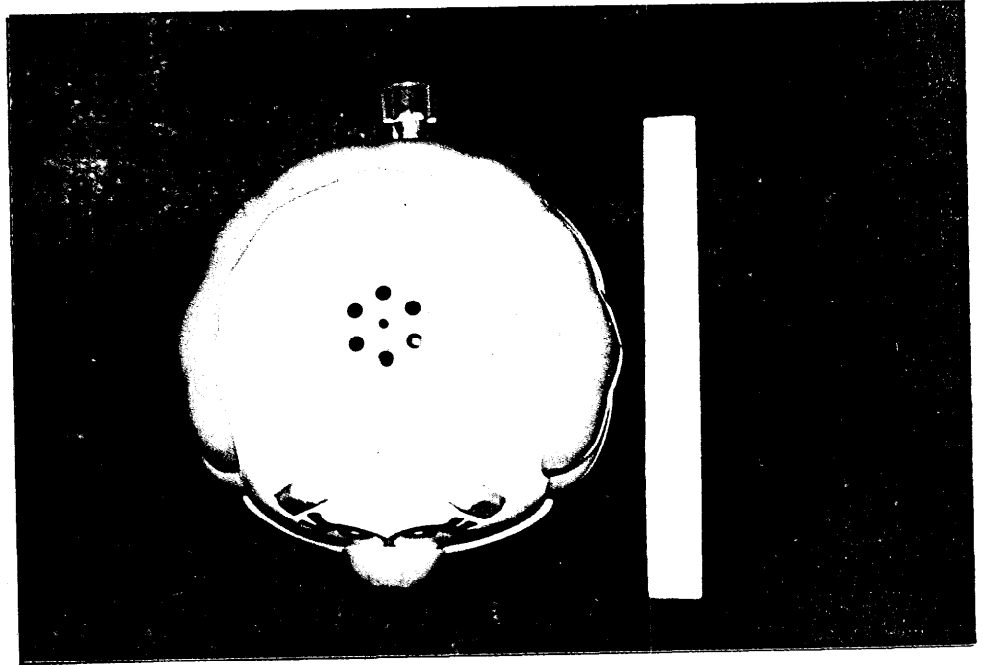
224



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CPSC EXHIBIT 3 DATE 8-13-80
FIRM 800 805 CH1 5041

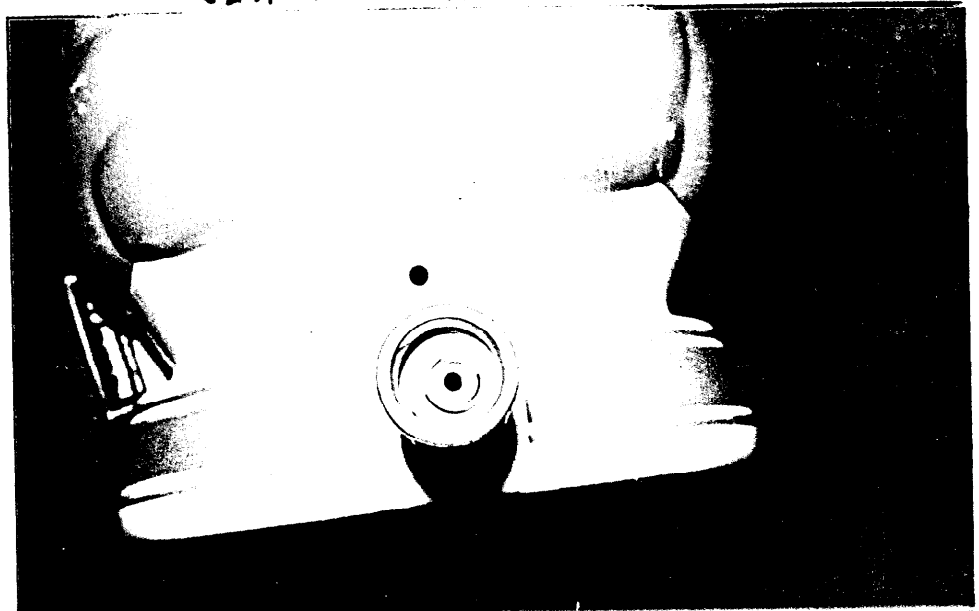
NAME DJ



TOP VIEW

[Handwritten signature]

RETROFIT REDUCER



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(312) ~~FMH~~ ~~ERA~~ ③

Release CONSUMER PRODUCT COMPLAINT REPORT 800-200

1. NAME OF COMPLAINANT <i>Diane Richmond</i>		2. TELEPHONE NO. <i>662-2197</i>	3. DATE OF INCIDENT <i>7-28-80</i>
4. STREET ADDRESS <i>4981 Oak Lane</i>		5. CITY, STATE, ZIP CODE <i>Gurnee, IL 60031</i>	
6a. DESCRIPTION OF PRODUCT(S) <i>Fun Fountain Toy</i>			
		6b. Date Acquired <i>7-4-80</i>	
7. BRAND NAME <i>Whamo</i>		8. MODEL/STYLE NO.	
9. SERIAL NO.		10. LOT/BATCH NO.	
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS <i>Wham-O Mfg. San Gabriel, Calif.</i>		12. DEALER NAME AND ADDRESS <i>TRV-Valve Store Gurnee, IL</i>	
13. HOW PRODUCT ACQUIRED PURCHASED NEW <input checked="" type="checkbox"/> SECOND HAND <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____			
14. SAMPLE AVAILABLE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		15. WARNING LABEL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. INSTRUCTIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
17. PRODUCT DAMAGED BEFORE INCIDENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18. PRODUCT REPAIRED BEFORE → INCIDENT ← AFTER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. AGE OF PRODUCT (ESTIMATE IF NECESSARY) <i>3 weeks</i>
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE <i>5 years</i>	21. VICTIM'S SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	22. BODY PART(S) INVOLVED <i>eye</i>	
23. TYPE OF INJURY OR ILLNESS BURN <input type="checkbox"/> FRACTURE <input type="checkbox"/> CUT <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIFY <i>break blood vessels</i>			
24. MEDICAL TREATMENT RECEIVED PHYSICIAN'S OFFICE <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OTHER HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY <i>NONE</i>			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. <i>Individual reports that her daughter was hit in the eye with the water stream from this toy. It broke blood vessels in her eye which turned red and was swollen. This toy had not been modified as per CPSC memo page 145. Complaint was referred by FDA under IRH L.</i>			
FOR COMMISSION USE ONLY			
26. RECEIVING OFFICE <i>CHI-RO</i>	27. DATE RECEIVED <i>8-5-80</i>	28. RECEIVED BY <i>James O. McEachern, SPST</i>	
29. SOURCE OF REPORT LETTER <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> VISIT <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____		30. DOCUMENT NO. <i>608 0006</i>	
31. FOLLOW-UP ACTION <i>make F/4 Determine why this wasn't recalled</i>		32. PRODUCT CODE(S) <i>219</i>	
33. DISTRIBUTION <i>CHI-RO; LOS-RO; HEEI</i>		34. ENDORSER'S NAME AND TITLE <i>W. J. Schuler</i>	

KEY FOR BURN CASES



1° BURN

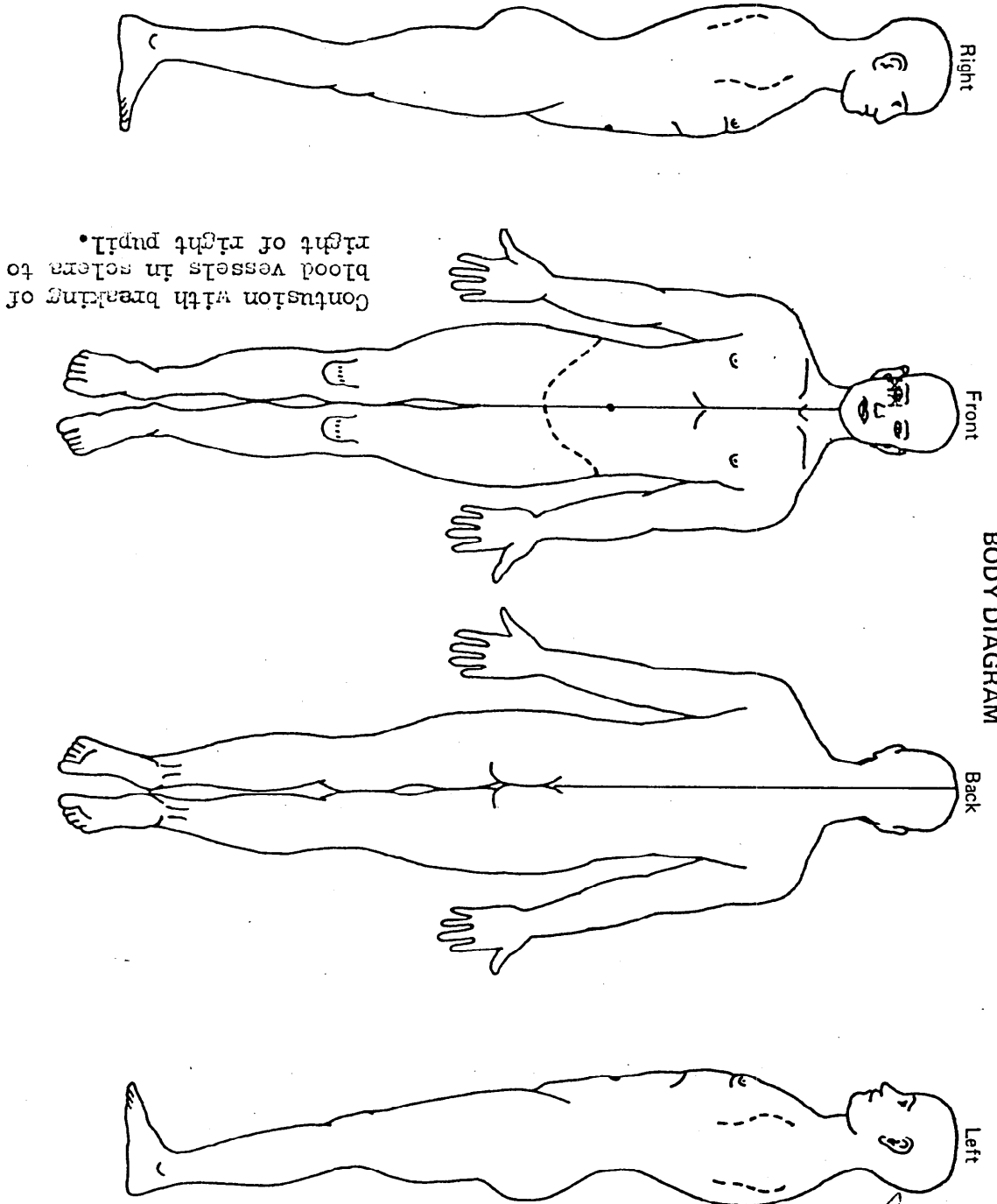


2° BURN



3° BURN

BODY DIAGRAM



LOCATION OF INJURY

CASE NUMBER 524
800815011949

RELEASE CONSUMER PRODUCT COMPLAINT REPORT			
1. NAME OF COMPLAINANT LAUREL DOLLINGER		2. TELEPHONE NO. (206) 746 2496	3. DATE OF INCIDENT 6/20/80
4. STREET ADDRESS 22 - 164th AVE SE		5. CITY, STATE, ZIP CODE Bellevue, WA 98008	
6a. DESCRIPTION OF PRODUCT(S) WHAM-O FUN FOUNTAIN TOY			
		6b. DATE ACQUIRED 6/80 (date seen in store)	
7. BRAND NAME WHAM-O		8. MODEL/STYLE NO. #237	
9. SERIAL NO. None		10. LOT/BATCH NO. None	
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-O Mfg. Co. 835 E El Monte San Gabriel, CA 91778		12. DEALER NAME AND ADDRESS Fred Meyer, Redmond Store 2041 148th NE Bellevue, WA	
13. HOW PRODUCT ACQUIRED Purchased New <input type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify Did not acquire			
14. SAMPLE AVAILABLE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. WARNING LABEL Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. INSTRUCTIONS Yes <input type="checkbox"/> No <input type="checkbox"/>			
17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>		18. PRODUCT REPAIRED BEFORE INCIDENT AFTER Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. AGE OF PRODUCT (ESTIMATE IF NECESSARY)			
N/A IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE		21. VICTIM'S SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	
22. BODY PART(S) INVOLVED			
23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. A CPSC Press Release dated 3/10/80 states that Wham-O has a voluntary CAP to supply corrective valve inserts for units mfg'd prior to Dec. '79, and that all units mfg'd since Dec. '79 would be of the newer safer design. The unit reportedly being sold has a red connector with a white insert, and the Press Release it should either be a blue connector or a red connector with a blue insert. <i>states</i> <div style="text-align: right;"><i>232</i></div>			
FOR COMMISSION USE ONLY SOURCE: _____			
26. RECEIVING OFFICE Seattle		27. DATE RECEIVED 6/20/80	
28. RECEIVED BY Beadia Diehl		<i>Beadia Diehl</i>	
29. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		30. DOCUMENT NO. T06046	
31. FOLLOW-UP ACTION SEA-AO will follow-up		32. PRODUCT CODE(S)	
33. DISTRIBUTION LOS-AO, HIA, SEA-AO		34. ENDORSER'S NAME AND TITLE SEA	

RELEASE CONSUMER PRODUCT COMPLAINT REPORT		
1. NAME OF COMPLAINANT LAUREL DOLLINGER		2. TELEPHONE NO. (206) 746 2496
3. DATE OF INCIDENT 6/20/80		
4. STREET ADDRESS 22 - 164th AVE SE		5. CITY, STATE, ZIP CODE Bellevue, WA 98008
6a. DESCRIPTION OF PRODUCT(S) WHAM-O FUN FOUNTAIN TOY		
6b. DATE ACQUIRED 6/80 (date seen in store)		
7. BRAND NAME WHAM-O		8. MODEL/STYLE NO. #237
9. SERIAL NO. None		10. LOT/BATCH NO. None
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-O Mfg. Co. 835 E El Monte San Gabriel, CA 91778		12. DEALER NAME AND ADDRESS Fred Meyer, Redmond Store 2041 148th NE Bellevue, WA
13. HOW PRODUCT ACQUIRED Purchased New <input type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify Did not acquire		
14. SAMPLE AVAILABLE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. WARNING LABEL Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
16. INSTRUCTIONS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18. PRODUCT REPAIRED BEFORE INCIDENT <input type="checkbox"/> AFTER INCIDENT <input type="checkbox"/>	
19. AGE OF PRODUCT (ESTIMATE IF NECESSARY)		
20. VICTIM'S AGE N/A IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24		
21. VICTIM'S SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	22. BODY PART(S) INVOLVED	
23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. A CPSC Press Release dated 3/10/80 states that Wham-O has a voluntary CAP to supply corrective valve inserts for units mfg'd prior to Dec. '79, and that all units mfg'd since Dec. '79 would be of the newer safer design. The unit reportedly being sold has a red connector with a white insert, and the Press Release it should either be a blue connector or a red connector with a blue insert. <i>states</i> <i>232</i>		
FOR COMMISSION USE ONLY SOURCE:		
26. RECEIVING OFFICE Seattle	27. DATE RECEIVED 6/20/80	28. RECEIVED BY Beadie Diehl <i>Beadie Diehl</i>
29. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		30. DOCUMENT NO. 7060116
31. FOLLOW-UP ACTION SEA-AO will follow-up		32. PRODUCT CODE(S)
33. DISTRIBUTION LOS-AO, HIA, (SEA-AO)		34. ENDORSER'S NAME AND TITLE SEA

COPY 3 CORRESPONDENCE

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U.S. CONSUMER PRODUCT SAFETY COMMISSION NOTICE OF INSPECTION	
1. DATE <div style="font-size: 1.2em; font-family: cursive;">7/1/80</div>	3. FROM (Area Office and Address) <div style="text-align: center;"> Consumer Product Safety Commission Seattle Area Office 3240 Federal Building 915 Second Avenue Seattle, Washington 98174 </div>
2. TIME <div style="font-size: 1.2em; font-family: cursive;">2:00</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> A.M. P.M. </div>	
A. NAME AND TITLE OF INDIVIDUAL <div style="font-size: 1.2em; font-family: cursive;">MIIT WAGNER</div>	
B. FIRM NAME <div style="font-size: 1.2em; font-family: cursive;">Fred Meyer</div>	
4. TO	
C. NUMBER AND STREET ADDRESS <div style="font-size: 1.2em; font-family: cursive;">2041 148th St. N.E.</div>	
D. CITY, STATE AND ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">Bellevue, WA</div>	
<p>Notice of Inspection is hereby given pursuant to:</p> <ul style="list-style-type: none"> Flammable Fabrics Act (15 U.S.C. 1191 <i>et seq.</i>); Federal Trade Commission Act (15 U.S.C. 41 <i>et seq.</i>); Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076) Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 <i>et seq.</i>)] and/or Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)). <p>Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.</p>	
<p>5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.</p> <p>The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.</p> <div style="text-align: right; margin-top: 20px;"> <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div> </div>	
<p>6. FREEDOM OF INFORMATION REQUIREMENTS</p> <p>Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations. 16 CFR Part 1015.</p>	
<p>7. SIGNATURE (Authorized CPSC Official)</p> <div style="font-size: 1.5em; font-family: cursive; text-align: center;">Brenda Duell</div>	

TO: Donald L. Anderson, Supervisor

FROM: Beada Diehl, Investigator

SUBJECT: Wham-O Water Wiggle

*wrong product?
This was a fun fountain?*

SUMMARY FORM FOR EFFECTIVENESS INSPECTIONS

Establishment Inspected: Fred Meyer Store
2041 148th NE, Bellevue, WA

Date of Inspection: July 1, 1980

1. Type Consignee: Wholesaler _____ Retailer X
Consumer _____ Other (Specify) _____
2. Person Interviewed: Name Milt Wagner Title Store Mgr.
3. Firm Notified of Recall: No _____ Yes X
Date 12/20/79
4. Recall Notification Shown Insp: No X Yes _____ Dated _____
5. Method of Notification: Letter
6. Amount on hand at Notification: 1,547 cases (warehouse in Ptl.)
7. Amount on hand at Inspection: 8 units - all with corrective valve & instructions.
8. Was product taken off sale: Yes _____ No X
Date _____
9. Did firm follow Recall Instructions: Yes X No _____
10. Was Sub-Recall involved: Yes X No _____ (See #12)
11. Disposition of material: Corrective valve & instructions inc. in units.
12. FHSA Repurchase signs posted: Yes _____ No X N/A _____
13. Injuries or complaints (report by separate memo) None
14. Remarks Mr. Wagner was not employed by firm at time of recall so he referred me to Dennis Gallagher, Toy Buyer at the main office in Portland for further information. Mr. Gallagher supplied all of the information except for #7 & #2. Mr. Gallagher can be located at Fred Meyer Office, 3800 SE 22nd., Portland, OR 97202. Phone 235 8844.
15. Follow-up: _____

Beadie Diehl
Investigator

Seattle
Area Office

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MEMO RECORD	AVOID REPEATED FOLLOW UP WRITING	DATE 9-24-80
FROM: Sandra Shimasaki, CEPPD		OFFICE
TO: Wayne Pollack, LOS		DIVISION
SUBJECT: Wham-O Fun Fountain		
SUMMARY Wayne-- When you do your inspection at Wham-O and provide them with the two complaints, would you please inquire as to their comments/ explanations/investigations of these two complaints and ask them if they would consider doing any additional corrective action or different corrective action p based on these two complaints. Thanks.		
SIGNATURE		DOCUMENT NUMBER

MEMO RECORD	AVOID LEGIBLE FOOTPRINT WRITING	DATE 9-24-80
FROM: Sandra Shimasaki, CEPD 500		OFFICE
TO: File		DIVISION
SUBJECT: Complaint on Fun Fountain		
SUMMARY		
<p>I called Mary Ortscheid to determine if the Fun Fountain toy she owns and on which her child was injured incorporated the blue retrofit flow control device. She stated that it did and that the labeling on the product indicated this was the new improved design.</p> <p>I asked if she minded if we forwarded her complaint to the company and used her name. She stated that we could release her name.</p>		
SIGNATURE		DOCUMENT NUMBER

CONSUMER PRODUCT COMPLAINT REPORT

H-090102

1. NAME OF COMPLAINANT Mary Ortscheid		2. TELEPHONE NO. 715-423-6633	3. DATE OF INCIDENT 8/19/80
4. STREET ADDRESS 1541 28th Street, North		5. CITY, STATE, ZIP CODE Wisconsin Rapids, WI 54494	
6a. DESCRIPTION OF PRODUCT(S) Outdoor Water Toy- Fun Fountain		<input type="checkbox"/> Objects to release of name. <input checked="" type="checkbox"/> Does not object to release of name.	
7. BRAND NAME Wham-o Fun Fountain		8. MODEL/STYLE NO. 237	
9. SERIAL NO. PIN/1000530		10. LOT/BATCH NO.	
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-o mfg. Co. San Gabriel, CA 91778		12. DEALER NAME AND ADDRESS	
13. HOW PRODUCT ACQUIRED Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
14. SAMPLE AVAILABLE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		15. WARNING LABEL Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
16. INSTRUCTIONS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
18. PRODUCT REPAIRED BEFORE INCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>		19. AGE OF PRODUCT (ESTIMATE IF NECESSARY) 2 months	
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE 5 years		21. VICTIM'S SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
22. BODY PART(S) INVOLVED see below		23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input checked="" type="checkbox"/> Specify phoned physician			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. <p>The complainant reports that the child's hymen was ruptured because she sat on the clown while the water pressure was high. She believes this toy is very harmful. Complainant sent complaint via the Wisconsin Dept. of Consumer Protection.</p> <p>Letter has been sent to consumer giving information concerning CPSC's recall of this toy, involving the correction of the water flow.</p>			
FOR COMMISSION USE ONLY			
26. RECEIVING OFFICE mail		27. DATE RECEIVED Sept. 1980	
28. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input type="checkbox"/> Visit <input type="checkbox"/> Other <input checked="" type="checkbox"/> Specify complaint report		29. RECEIVED BY	
30. SOURCE OF REPORT		31. FOLLOW-UP ACTION Letter has been sent. Copy of original report in correspondence file.	
32. DOCUMENT NO		33. PRODUCT CODE(S)	
34. DISTRIBUTION		35. ENDORSER'S NAME AND TITLE	

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September 26, 1980

Consumer Product Safety Commission
3660 Wilshire Boulevard
Suite 1100
Los Angeles, CA 90010

Attention: Mr. Wayne Pollack

Re: Wham-O Mfg. Co. - Fun Fountain
CPSC ID #80-16
Voluntary Corrective Action Program

Gentlemen:

This letter is in response to requests made by your Mr. Pollack at a meeting yesterday afternoon at our Company attended by Mr. Pollack, our Messrs. Gillespie and Kerkenbush and the undersigned, all in respect to the above.

1. At this meeting, Mr. Pollack furnished us with a copy of a complaint apparently made by a Laurel Dollinger dated June 20, 1980, to the effect that the Fred Meyer Inc. Redmond Store, 2041 148th N.E., Bellevue, Washington, was offering for sale units of the above mentioned products without a retrofit unit. As I advised your Mr. Pollack, as part of our corrective action program, we furnished all customers who had previously purchased this product prior to December 1, 1979 and of whom we had knowledge, with a reasonable supply of retrofit units, provided them with order forms for additional units, requested that they order additional retrofit units as needed and further requested that they insert retrofit units in all existing units in their inventory. Fred Myer, Inc. was furnished with an initial supply of such retrofit units and apparently on March 19, 1980 by telephone requested an additional 2100 retrofit units. Our records indicate that 2400 units were shipped to them on March 24, 1980. (Copy of shipping order and notation of telephone conversation request are enclosed herewith.) Also enclosed herewith please find copy

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Consumer Product Safety Commission
Attention: Mr. Wayne Pollack
September 26, 1980
Page Two

of my letter of today to this customer. I might point out that this customer in 1980 purchased in excess of 1800 units of this product all containing water flow control valves. I would assume therefore that it is very unlikely that any product made prior to December, 1979, is now still in the inventory of this customer.

2. At the meeting Thursday afternoon, your Mr. Pollack furnished us with a copy of the investigation report on the alleged injury suffered by Kimberly Richmond, (a minor). At Mr. Pollack's request a telephone call was placed to the Richmond's and a telephone conference was had with Mr. and Mrs. Richmond. As your report indicates, Mrs. Richmond apparently called us at your suggestion, this writer talked to her on August 5, 1980 and wrote to her on the same date. The Richmonds advised us yesterday that the product in question had been destroyed by them. Apparently, Kimberly suffered no permanent injury and has recovered. I therefore know of nothing further that we can do in regard to this injury.
3. At the meeting yesterday your Mr. Pollack advised us of an injury allegedly resulting from the above mentioned product involving the daughter of a Mary Ortschaid. This was the first knowledge we had of this injury. Enclosed herewith please find copy of my letter of today to Mrs. Ortschaid attempting to obtain further information. We are also requesting that the matter be investigated by Esis, the investigating agent for us and our insurance carrier and we are also requesting Dr. Russell Fisher, M.D., our medical consultant, to investigate. The complaint which you furnished us does not indicate whether or not the product involved contained a retrofit unit. We will keep you advised if we find out.

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Consumer Product Safety Commission
Attention: Mr. Wayne Pollack
September 26, 1980
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4. Your Mr. Pollack inquired whether or not we had knowledge of any other water pressure related injuries allegedly as a result of this product.
- (a) We advised Mr. Pollack yesterday that we had received a complaint from a Barbara Bowman concerning an alleged injury to her son. This complaint was received by us on August 28, 1980 (copy enclosed herewith together with a copy of my letter dated August 29, 1980 to Mrs. Bowman). You will note that in my letter that I asked a number of questions relating to the extent and nature of the injury and the product and asked that it be returned to us. I have had no response whatever from Mrs. Bowman and therefore we have no way of knowing whether the product involved contained a water flow control valve. You will note from the complaint letter that the injury is alleged to be "mental damage of a 3-year-old" who apparently got water in his eye. There is no indication that the child suffered any physical injury. The mother apparently was primarily concerned with getting a refund, which we gave her. I doubt she will respond to our letter.
- (b) In addition to the foregoing, on or about April 11, 1980, I received a telephone call from an attorney by the name of Richard M. Stewart, regarding an alleged injury to Janine Lerma, allegedly as a result of using the Fun Fountain product. On April 14, 1980, I received a letter from said attorney confirming his telephone conversation (copy enclosed). It appears from said attorney's letter that the alleged injury occurred on July 30, 1979 and it is therefore obvious that any Fun Fountain product involved was manufactured and sold prior to the corrective action program and did not contain a retrofit unit. We had this alleged accident investigated by Esis and by Dr. Russell Fisher, our medical consultant. Dr. Fisher's investigation after talking to the doctor that treated the child revealed that apparently the child was

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Consumer Product Safety Commission
Attention: Mr. Wayne Pollack
September 26, 1980
Page Four

2-years-old at the time of the accident and that apparently the child was struck in the perineal area by a jet of water from the clown head after the hose was turned on. Apparently the doctor treating the child stated "the mother relates that the 2-year-old injured with water powered toy in saddle area". Dr. Fisher's summary is as follows: "The child sustained an injury from the jet force of the Fun Fountain impacting the perineum area. This produced what must have been microscopical but grossly invisible superficial lacerations of the skin from which she oozed a little blood and there was evidence of contusion several days after the event. She apparently has made an uneventful recovery. Dr. Lagoyda shares this opinion with me in our conversation and I think it quite safe to conclude that insofar as the child's health is concerned the matter may be closed".

The attorney representing Mrs. Lerma stated that he was aware that a corrective action program had been instituted and stated that his client desired to settle the matter on the basis of a payment to her (the mother) of \$1,500.00. In view of the costs and expenses of investigation and potential litigation it was Wham-O's decision to settle the matter for that amount and this was done. I overlooked this case yesterday since it was in the "closed" file.

The foregoing are the only complaints of which I have knowledge which were received after our meeting with the Consumer Product Safety Commission staff last fall that relate to alleged Fun Fountain water pressure injuries.

As I mentioned to Mr. Pollack yesterday, however, this year we did receive two (2) other injury complaints

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Consumer Product Safety Commission
Attention: Mr. Wayne Pollack
September 26, 1980
Page Five

relating to the product. One involving a child who allegedly kicked the Fun Fountain head and broke the converter, slightly cut her foot and another who allegedly slipped on the grass and fell on the Fun Fountain allegedly hurting her back. In neither case were the injuries alleged to be serious or permanent, in fact, the mother of the child with the cut foot stated that the children were more concerned with the breaking of the converter than the cut foot, and all she (the mother) wanted from Wham-O was a replacement converter which we sent to her.

We trust the above answers your inquiries and complies with your requests. We would sincerely appreciate being furnished with copies of any injury complaints the CPSC may receive relating to this product so that we may investigate them.

Very truly yours

WHAM-O MFG. CO.

By Kenneth A. Millard
Kenneth A. Millard
Vice President, General Counsel

KAM/sch
enclosures

cc: Richard L. Gillespie
Darle L. Kerkenbush

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FUN FOUNTAIN

CORRECTIVE ACTION MATERIAL

Rush

DATE 3/20

REQUESTED BY Ind. Mgmt., Inc.

3800 S.E. 22nd

Fort Lauderdale, Fla.

ATTN: Personnel Section

ITEM REQUESTED

QUANTITY

BLUE WATER FLOW CONTROL VALVE INSERTS &

SAFETY CHECK LIST FOR CARTONS

IMPORTANT SAFETY NOTICE POSTER

2400 ea.

ea.

COMMENTS

2400

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SHIPPING ORDER

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NUMBER

FUN FOUNTAIN

CORRECTIVE ACTION MATERIAL

DATE REQUESTED 3/19/80 PHONE XX LETTER SHIP TO Fred Myer
3800 S.E. 22nd Ave
Portland, Oregon 97242ATTN: Dennis Gallagher

QUANTITY	STOCK #	DESCRIPTION
350 ea. 2400	238	BLUE WATER FLOW CONTROL VALVE INSERTS & SAFETY CHECK LIST FOR CARTONS
ea.		IMPORTANT SAFETY NOTICE POSTER

DATE SHIPPED 3/24/80AUTHORIZED BY APPROVED BY SRWHAM-O MFG CO. 835 EAST EL MONTE STREET
SAN GABRIEL CALIFORNIA 91778 213 - 287-9681

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Fred Myer, Inc.
Attention: Denis Gallagher
September 26, 1980

therefore doubt very much that you have any inventory
that does not already contain these inserts.

Very truly yours

WHAM-O MFG. CO.

By

Kenneth A. Millard
Vice President, General Counsel

KAM/sch
enclosures



September 26, 1980

Mrs. Mary Ortschaid
1541 28th Street, North
Wisconsin Rapids, WI 54494

Dear Mrs. Ortschaid:

Yesterday we received from the U.S. Consumer Product Safety Commission information to the effect that your daughter had been injured by sitting on one of our products, a Fun Fountain.

Would you please be so kind as to furnish us with more information regarding this matter. Specifically, we would like to know whether or not you still have the product in question and if so if you will return it to us or at least allow our investigators to examine the product. The complaint indicates that you purchased the product in June, 1980, and specifically we would like to know whether or not the product contains a blue water flow control valve which is visible inside the hose connector, which is attached to the bottom of the clown head and to which a garden hose would be connected.

Also, we would like more information as to the extent and nature of your daughters injury. Did she see a doctor, was she hospitalized, etc. We are requesting that our investigators contact you and also that our medical consultant, Dr. Russell Fisher talk to you and any physician that may have seen your daughter as a result of the alleged injury.

Needless to say, we are very sorry to hear of the injury and sincerely hope that your daughter has completely recovered. Your cooperation will be sincerely appreciated.

Very truly yours

WHAM-O MFG. CO.

By *Kenneth A. Millard*
Kenneth A. Millard
Vice President, General Counsel

KAM/sch

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Wham-O-1978
 San Gabriel, Calif 91778

Re - Wham-O Clown

Gentlemen:

This is the very first letter of complaint that I have written about a toy.

The mental damage this toy has done to a perfectly healthy happy 3-yr. old is sad. One day while playing with the "Wham-O-Clown" the water pushed making the hat go up and down when right in his eye. He described it as a "rubber band went in his eye". Now anything that is near his eye being water, slush dirt, etc. he is screaming! Hopefully, this letter will reach the designer of the toy.

Also, I was refused a refund because I had no receipt or box and would like the money refunded in the amount of \$14.98 plus 6% tax. I feel this is the least "Wham-O" can do.

Sincerely,
 [Signature] 238
 [Signature]



August 29, 1980

Mrs. Barbara Bowman
88 Black Pine Lane
Levittown, PA 19054

Dear Mrs. Bowman:

We have your letter of August 23, 1980 and are very sorry to hear of the injury to the child mentioned in your letter, who I assume is your son. We are enclosing herewith our check in the amount of \$25.00 as refund on the Wham-O product that you describe which we assume is our "Fun Fountain®", and the cost of shipping this product back to us.

We would appreciate if you would give us some further information. Could you please tell us the extent and nature of the injury to the child, whether a doctors services were employed, was the child hospitalized, the name of the child, has the child recovered, etc. We would also like to know more about the product and therefore request that you return it to us, if at all possible. Could you tell us the color of the hose connector, which is the plastic part that attaches to the garden hose and whether or not a blue flow control valve insert is visible in the hose connector.


I might mention that it is clearly stated on the box containing this water toy that it is recommended for children five (5) years and over and that adult supervision is also recommended.

Again, we are very sorry to hear of this injury and will await further information from you and hopefully the return of the product in question.

Sincerely

WHAM-O MFG. CO.,

By


Kenneth A. Millard
Vice President, General Counsel

KAM/sch
enclosure